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This statement has been drafted by the NCD Alliance and supported by the Global Initiative for Chronic Obstructive Lung Disease, the Forum of International Respiratory Societies, The International Union Against Tuberculosis and Lung Disease, International Diabetes Federation, MedAccess, East Africa Diabetes Study Group, European Federation of Neurological Associations, One Neurology Partnership, Union for International Cancer Control, Medicines Patent Pool, Access to Medicines Foundation, University of Geneva, NCD Policy Lab.

The world is off-track in meeting the global target of 80% availability and affordability of essential medicines and basic technologies for noncommunicable diseases (NCDs) by 2025. The upcoming UN High-Level Meeting on NCDs in September 2025 is an opportunity to highlight the lack of progress.

The revision of the WHO EML plays a key role in advising member states on essential NCDs interventions and supporting countries in advancing towards Universal Health Coverage (UHC). We would like to thank the Committee for its continued work on this.

Providing independent assessment of medicines supports governments in selecting the most appropriate interventions for a given condition once they have prioritised it. This is particularly important for conditions where multiple treatment options exist.

¹ A baseline assessment of the WHO target published in 2017 found poor affordability and availability of essential NCD medicines in LMICs, suggesting that the little data that we do have shows that most countries are off track to meet the target: https://pubmed.ncbi.nlm.nih.gov/28170413/.

² Equitable access to essential medicines: a framework for collective action.

Geneva: World Health Organization; 2004. Available from:

http://apps.who.int/medicinedocs/pdf/s4962e/s4962e.pdf [cited 2019 March 26]. [Ref list]

By focusing on essential medicines, the WHO EML allows national and regional alignment for manufacturing, organisation of supply chains, pooling of demand and procurement, and organising markets, and, by extension, affordability of medicines and mitigating of out-of-pocket costs by government.

Out of the current proposals 24/32 (75%) are for NCDs.

However, inclusion on the WHO EML does not necessarily guarantee access and safe delivery. We urge the Committee to continue to view EML inclusion as a first step and recommend it to continue to work on the following areas to improve access:

- Assess the alignment of existing NCD medicines listed on the EML, WHO
 treatment guidelines and recommended interventions by technical teams to
 identify issues and gaps.
- Ensure alignment when new medicines are added or removed, or when guidelines are developed or updated.
- Ensure that pricing does not represent a barrier to the recognition of an essential medicine, by flagging the medicines that have been excluded for affordability reasons, so that global health actors can align and catalyse action on those medicines to tackle affordability.

We recommend WHO to work on the following areas:

- Ensure that there is technical support to translate changes in WHO EML into national EMLs.
- Ensure that these changes are promptly reflected into WHO processes and that there is adequate follow up on issues such as registration, pricing and training to ensure implementation and appropriate use.
- Development of a comprehensive approach to address the prices of NCD medicines in both high-income and low- and middle-income countries, incorporating strategies such as voluntary licensing, technology transfers, regional manufacturing, strategic purchasing arrangements, pooled funding and procurement, pricing negotiations with manufacturers and distributors, and incentives for providers of essential NCD medicines.
- Consultation with Member States and a broad range of stakeholders, including prescribers, manufacturers, distributors, patient organisations, and civil society groups, to identify barriers to access at country level.